## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED 12/01/2005	)	Applicant Ide KHWD	ntifler .
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applica	ition Identifier
Construction	Gonstruction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	iffer
Non-Construction	Non-Construction			AIP 3-06-010	03-14
5. APPLICANT INFORMATION					
Legal Namo: City of Hayward - Hayward Exe	cutive Airport		Organizational Unit Department; Public Works	τ;	
Organizational DUNS:			Division:		
156241002 Address:	DEC	FIV/FF	Name and telephon	e number of p	erson to be contacted on matters
Street		Comment V Comment Comment	involving this appli	cation (give ar	ea code)
20301 Skyweat Drive	NOV	<b>3 0</b> 2005  -	Prefix: Mr.	First Name: Brent	<u> </u>
City: Hayward	- /ו ∨ -	<i>3</i> ♥ 2005	Middle Name S.		
County: Alameda	STATE CLE	ARING HOUSE	Last Name Shiner		
State: California	Zip Code 94541		Suffix;		
Country: US			Email: Brent Shiner@hayv	verd-ca.dov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
P4-6000346	_		(510) 293-5460		(510) 783-4556
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bad	ck of form for Application Types)
₩ Ne	Continuatio	n 🔲 Revision	c ··		
If Rovision, onter appropriate let (See back of form for description	ler(s) in bax(es)		Other (specify)	·	
Other (specify)	U		9. NAME OF FEDER Federal Aviation Add	RAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
,		2 0 -1 0 6	North Side Helipad		
TITLE (Name of Program):			· ·		
12. AREAS AFFECTED BY PR	QJECT (Cities, Counties	s, Stetes, etc.);			
City of Hayward, Alameda Cou	nty, California				
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	OF:
Start Date: 03/01/2006	Ending Date: 11/30/2006		a. Applicant 10th		10th
15. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
s, Federal \$		1 127 500 '	THIS PF	REAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
h. Applicant S		1,187,500	PROCE	SS FOR REVIE	W ON
		G2,500 '	1	12/01/2005	
c. State		· · · · · · · · · · · · · · · · · · ·	1		VERED BY E. O. 12372
d, Local		•			
e, Other		ζο,			OT BEEN SELECTED BY STATE
f. Program Income		ĺδά	17. IS THE APPLIC	ANT DELINGU	ENT ON ANY FEDERAL DEBT?
g. TOTAL		1,250,000	Yes If "Yes" atta	ch an explanation	on. No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	r authorized et inf	. GOVERNING DOD!	APPLICATION PREAPP OF THE APPLICANT AN	LICATION ARE	TRUE AND CORRECT. THE
a Authorized Representative	First Name		Midd	lle Name	
Prefix Mr.	Jesus		Suffi	x	
Last Name Armas		,			er (give area code)
b. Titlo City Manager	¥		(510	o) 583-4300 <u> </u>	=1 (Biss wice a-asi
d. Signature of Authorized Rep	resentative Jo x 1 A	Muna:	e. D.	ate Signed	
Previous Edition Usable 1		7	7		Standard Form 424 (Rev.9-2003

STITUTE TO LOGAL ROY CHOP APPROVED AS TO FORM:
Angelina Reyes City Clerk

11-21-05

EDERAL ASSIS	TANCE	2 DAT	E SUBMITTED		OMB Approval No. 034
-PENME MOOIS	IANCE	2. DAT	- OODMILIED		, licant Identifier
TYPE OF SUBMISSION	:		E RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		-16-2005		o tato / opineditori identine
Construction	Constructi	T. DAII	E RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction APPLICANT INFORMAT	Non-Const	truction			
gal Name:	IION				
State of Califo	rnia	DEOF	IV/FF	Organizational Unit:	
dress (give city, county, S		Sections of General	A V Coope ham	Department (	of Housing & Comm. Dev/CIAP
1800 Thrid Stre	et, Room 330	NOV 3 (	2005	his application (give Jacqueline 1 (916) 319-84	number of person to be contacted on matters in area code)  R. Wilson
EMPLOYER IDENTIFICA	ATION NUMBER (EIN)	STATE CLEAR	ING HOUSE   7	. TYPE OF APPLIC	ANT: (enter appropriate letter in box)
6 9 - 0 30	25/7	CONTROL OF THE PROPERTY OF THE	The second secon		A
TYPE OF APPLICATION	<del>- 3 ' 4 '/ '</del>			A. State	H. Independent School Dist.
·				B. County	I. State Controlled Institution of Higher Learning
	New Continu	uation 🔲	Revision	C. Municipal	J. Private University
Revision, enter appropriate	e letter(s) in box(es)			D. Township E. Interstate	K. Indian Tribe
				F. Intermunicipal	L. Individual M. Profit Organization
	Decrease Award (	C. Increase Duration		G. Special District	N. Other (Specify)
. Decrease Duration Ot	her(specify):				
			9.	NAME OF FEDER	
			_	Commerce: T	U.S. Dekpt. of
CATALOGOPTE					onomic Development Administra
CATALOG OF FEDERA	L DOMESTIC ASSIST	TANCE NUMBER:	11	I. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
			305	Capacity Bu	ilding Investment: Planning
					G Talling
TITLE: Dlannin				Assistance:	for California Indian Tribes
TITLE: Plannin	g Assistance PROJECT (Cities, Cou	unties, States, etc.):		Assistance:	for California Indian Tribes obs and Economic Development
TITLE: Plannin AREAS AFFECTED BY I Statewide; M	g Assistance PROJECT <i>(Cities, Cou</i> hulti-District	unties, States, etc.):		Assistance:	for California Indian Tribes
TITLE: Plannin AREAS AFFECTED BY Statewide; M PROPOSED PROJECT	ulli-bistrict			Assistance:	for California Indian Tribes
PROPOSED PROJECT	14. CONGRESSI	unties, States, etc.): : : ONAL DISTRICTS (		Assistance:	for California Indian Tribes
PROPOSED PROJECT  t Date Ending Date	14. CONGRESSI  a. Applicant	ONAL DISTRICTS (	DF:	Assistance:	for California Indian Tribes
PROPOSED PROJECT  t Date Ending Date L-2006 12-31-20	14. CONGRESSI  a. Applicant		DF:	Assistance to Create Jo	for California Indian Tribes obs and Economic Development
PROPOSED PROJECT  t Date Ending Date L-2006 12-31-20	14. CONGRESSI  a. Applicant	ONAL DISTRICTS (	DF:	Assistance to Create Jo	for California Indian Tribes obs and Economic Development
PROPOSED PROJECT  t Date Ending Date L-2006 12-31-20 ESTIMATED FUNDING:	14. CONGRESSI  a. Applicant  006	ONAL DISTRICTS (	DF:   b.   16	Assistance to Create Jo	for California Indian Tribes  obs and Economic Development  occupant  occupa
PROPOSED PROJECT  t Date Ending Date	14. CONGRESSI  a. Applicant	ONAL DISTRICTS (	DF:   b.   16	Project  1 - 5  ORDER 12372 PRO	for California Indian Tribes obs and Economic Development  62 SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?
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PROPOSED PROJECT  It Date Ending Date 1-2006 12-31-20 ESTIMATED FUNDING:  ederal  opticant  ate  cal  her  gram Income  OTAL  O THE BEST OF MY KNO UMENT HAS BEEN DUL	14. CONGRESSION A. Applicant 000 \$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5  100,000  45,000  145,000  IEF, ALL DATA IN THE GOVERNING EIS AWARDED.   b. Title	DF:    b.     16	Project  1 - 5  IS APPLICATION S  ORDER 12372 PRO  I. YES. THIS PREAL  AVAILABLE  PROCESS F  DATE N  OR PROGRAM  OR PROGRAM  FOR REVIE  IS THE APPLICANT  Yes If "Yes," att  ON PREAPPLICATION  PLICANT AND THE	for California Indian Tribes obs and Economic Development  SUBJECT TO REVIEW BY STATE EXECUTIVE OCCESS?  PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:  SOVEMBER 16, 2005  MIS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATE EW  T DELINQUENT ON ANY FEDERAL DEBT?  Stach an explanation.

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	<b>.</b>	2. DATE SUBMITTED		Applicant Ident	ifier Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on identifier
Application .	Pre-application	4. DATE RECEIVED BY	EENEDAL AGE	NCY Federal Identifi	Gr
Construction	Construction	& DATE RECEIVED DI	I EDETORIA	1 COCYCI INCINI	
5. APPLICANT INFORMATION	Non-Construction	) Lean			
Legal Name:		ECEIVED	Organizationa Department:	i Unit:	
Borrego Springs Organizational DUNS:	STAPK-CSU	VIVOO	Division:		
Address:	55743	79 700h		phone number of per	son to be contacted on matters
Street:	11. 5 4 71.	TAR STATE OF THE PARTY OF THE P		application (give are:	a code)
2990 Borregol	lalley Road - P.O.	BXBQ	Mr.		Arry
City. Borrego Spr	ings	NOU		<u>w.</u>	
County SAN DIEGO	/0-	29	Last Name L	inder	
State:CA	Zip Code 9200	4 CLF 2005	Suffix:/		
Country: U.S.A.		RINGHO	Email:	er & CWO. C	M
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	FCLEARING HOUS	Phone Number	(give area code)	Fax Number (give area code)
45-262599	<u> </u>		1160-480	8414	
8. TYPE OF APPLICATION:	77°1		7. TYPE OF A	pplicant: (See Daci Sign District	of form for Application Types)
If Revision, enter appropriate le	etter(s) in box(es)	U   KANEIOU	-	cial Matrice	·
(See back of form for description	n of letters.)		Other (specify)		
Other (specify)			IUS DA.	EDERAL AGENCY: Kural Decelof	ment
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLI	CANT'S PROJECT:
		10-763		Altern DESCE	<b>P</b> [ 10h
TITLE (Name of Program): EM	ergency Communis	y Water Assistance			
		s, States, elc.):			
ENTITE CSD Area,	1,400 Acres		14 CONGRES	SIONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant	52	b. Project 52
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a, Federal	i uco	- w-	ORDER 12372	IIS PREAPPLICATION	VAPPLICATION WAS MADE
i	450,0	, w		/AILABLE TO THE ST ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
b. Applicant				ATE:	
C. Oldic	<u> </u>	- <del> </del>	ļ <u>"</u>		/ERED BY E, O. 12372
d. Local	<b>3</b>	<u> </u>	D. NO. 11 1		
e. Other	\$		F(	OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income	\$	ik)	17. IS THE AF	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
19. 10 IAC	\$ 450,0		4	s" attach an explanation	•
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF	, ALL DATA IN THIS API	LICATION/PRE	APPLICATION ARE	RUE AND CORRECT. THE INT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	THE AFFLICAN	II AND THE AFFLICA	WY1
- Authorized Depresentative	First Name		7.47	Middle Name	
Prefix Mr,	LATT	1		Suffix	
Last Name Linder				c. Telephone Number	(give area code)
b. Title General MAN		- A - A		760-480-B	414
d. Signature of Authorized Rep	resentative	W Junder		e. Date Signed 19	
Previous Edition Usable   Authorized for Local Reproduct	tion	•			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Renee Last Name

Deputy Director, Administration d. Signature of Authorized Representative

Renwick

c. Telephone Number (give area code)

e. Date Signed

Suffix

-05

b. Title

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RECEIVED

NOV 2 8 2005

STATE CLEARING HOUSE

Standard Form 424 (REV. 9-2003) DFGs rev. 10/2005 Prescribed by QMB Circular A-102

(916) 653-4633

FEDERAL ASSISTANCE	E	2. DATE SUBMITTED	D	Applicant Ide	Version 7/0 ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	July 1, 2005  3. DATE RECEIVED	BY STATE	State Applica	tion Identifier
Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	ifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATIO	N				
Legal Name:			Organizational Unit		
Community Housing Improven	nent Systems and Plannir	ng Association, Inc.	Department: N/A		
Organizational DUNS: 012986949			Division: N/A		
Address:			Name and telephone	number of pe	erson to be contacted on matters
Street: 295 Main Street, Suite 100			involving this applic	ation (give are	ea code)
,			Prefix: Mr.	First Name: Gabriel	
City: Salinas			Middle Name Bonse		
County: Monterey			Last Name Torres		
State: CA	Zip Code 93901		Suffix:		
Country:	93901		Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (FIAM)		gtorres@chispahousi Phone Number (give a		Foy Number (
94-2631608	• •		831-757-6251	rea code)	Fax Number (give area code)
8. TYPE OF APPLICATION:				NT: (See hac	831-757-6268 k of form for Application Types)
□ Ne	w 🔣 Continuatio	n [ Revision			k of form for Application Types)
lf Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	···	O - Not for profit organ Other (specify)	nization	
Other (specify)			9. NAME OF FEDERA	AL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	USDA Rural Developr  11. DESCRIPTIVE TI		CANT'S DDO IECT.
			i		ment 523 Technical Assistance
FITLE (Name of Program):		10-420	Grant Funds. Mutual	Self-Help Hous	ing Program
USDA Rural Development Sect 12. AREAS AFFECTED BY PR	tion 523 Rural Self-Help H	Housing			
Monterey County (Salinas, Gor		•			
13. PROPOSED PROJECT	zalez, Soledad, Greentle	id, King City)	44 0000000000		
Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS (	DF: b. Proiect
November, 2005	November, 20	007	17th District - Californi		17th District - California
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$	1,081.000	.00	ORDER 12372 PROCE	APPLICATION	/APPLICATION WAS MADE
b. Applicant \$		.00		E TO THE STA FOR REVIEW	TIL LACCUTIVE ORDER 12372
c. State \$	The same of the sa	. 00	DATE:		
d. Local \$		.00	b. No. PROGRAM	I IS NOT COV	ERED BY E. O. 12372
e. Other \$	NOV 1 7 2005	. 00			BEEN SELECTED BY STATE
Program Income \$		. 00	17. IS THE APPLICAN	EVV IT DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL S	LE C'IENTINO HOL	ISE .ºº	☐ Yes If "Yes" attach	an explanation.	<b>∠</b> No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS AP	PI ICATION/PREAPPLIC	ATION ARE TI	DIE AND CORRECT THE
OCUMENT HAS BEEN DULY	THE ASSISTANCE IS AV	GOVERNING BODY OF VARDED.	THE APPLICANT AND 1	THE APPLICAN	IT WILL COMPLY WITH THE
a. Authorized Representative Prefix dr.	First Name Alfred		Middle 1	Jame	
ast Name	Altred		Suffix		
Diaz-Infante . Title	*			hone Number (	Tivo orog code)
President / CEO  Signature of Authorized Repre	contativo I		831-757	7-6251	give area code)
revious Edition Usable	Seiligiline 7	7	e. Date s	Signed / /	14/05
uthorized for Local Reproduction	<sub>n</sub> /				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

PPLICATION	FOR	)	2. DATE SUBMITTED		Applicant Identifier	N/A
EDERAL ASS	SISTANCE		5-26		State Applicant Identifier	
TYPE OF SUBMISS	ION		3. DATE RECEIVED BY	STATE	State Applicant Idention	N/A
Application	Ргиерр			ACEMEY	Federal Identifier	
Construction		etruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Marianos	N/A
Non-Construction	n 🔀 Nor	-Construction				
. APPLICANT INFOR	MATION			1 0 - 011-30		
egal Narre: La Vern	e Police Departm	ent		Organizational Unit:		
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			OLEADINO LIQUE		CANT: (enter appropriate	letter in box)
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		🗂		G. Special Dis		
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D. Decrease Durst	ion Other (4	pacayj.			Department 0	f Justice
				Offi	ce of Community Orien	ted Policing Services
				<u> </u>	TITLE OF APPLICANTS	PROJECT:
				11 DESCRIPTIVI	I I I I TE OL WELFFORM A	
10. CATALOG OF FI	EDERAL DOMEST	C ASSISTANCE	MUMBER:	1		
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APPLICATION FOR				<u> </u>	Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED November 11, 2005		Applicant Ider	ntifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application		EEDEDAL ACENOV	Cadaval Idanti	E.~
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ner
Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Unit:		
	<b>~</b>		Department:	- I District	
Woodlake Union School Distric	CE		Woodlake Union Scho	DOI DISTRICT	
Organizational DUNS: 149 503 406			Woodlake Family Res		
Address:			Name and telephone involving this applic		rson to be contacted on matters
Street: 300 West Whitney			Prefix:	First Name:	a douc,
		114	Dr.	Steve	
City: Woodlake			Middle Name		and and another than the second of the secon
County: Tulare			Last Name Tietjen		
State: California	Zip Code 93286		Suffix: Ed.D.		
Country: USA			Email: drsteve@woodlake.k	12.ca.us	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)
77-056904			559 564-8081 ext 11		559 564-3831
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)
E Ne	ew 🔲 Continuatio	n Revision		`	
If Revision, enter appropriate le	etter(s) in box(es)	Marrie RCVISION	H		
(See back of form for descriptio	on of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDERA USDA Rural Develope		1
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TI		
10. 0/1//200 01 1 2 2 1 1 1 2			Woodlake Union Scho	ool District eHe	alth Program
TITLE (Name of Program):		1 0-7 6 6			
Community Facility Fund					
12. AREAS AFFECTED BY P					
City of Woodlake, unincorpora	ted areas of Seville, Elder	rwood, Three Rivers			
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF: b. Project
Start Date: 7/1/05	Ending Date: 6/30/07		a. Applicant 21		21
15. ESTIMATED FUNDING:	- J Ground		16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal	B	700,000 ·	THIS PRE	EAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 /
b. Applicant	В	00	-	S FOR REVIEW	
c. State	B 1 101 1 6	2005	DATE: 1	1/11/05	
d. Local	B / NO	100	D. NO. ILI		/ERED BY E. O. 12372
e. Other	STATE CLEARIN	VG HOUSE 100	FOR REV	IEW	T BEEN SELECTED BY STATE
f. Program Income	B	.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	200,000	Yes If "Yes" attach	•	
		ALL DATA IN THIS ADD	LICATIONIDDEADDLE	CATION ARE T	DUE AND CORRECT THE

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

WILL WOULD VOCOLVE	TOLO II THE ACCIOTATOL TO THE ACCIONATE OF	
a. Authorized Represer	ntative /	
Brefix Br.	First Name Steve	Middle Name Max
Last Name Tietjen		Suffix Ed.D
b. Title Superintendent	ß	c. Telephone Number (give area code) 559 564-8081
d. Signature of Authoriz	ed Representative	e. Date Signed 11/11/05
(//-/		21-1-1 F 124 (Fay 0.2002)

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	•			
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITT	ED	Applicant Ide	entifier
SF 424 (R&R)	3. DATE RECEIVE	D BY STATE	State Applic	ation Identifier
1. TYPE OF SUBMISSION				
Pre-application	4. Federal Identifie	er		
5. APPLICANT INFORMATION			•	Organizational DUNS:0471200840000
* Legal Name: The Regents of the University of Ca				
Department: Sponsored Programs  Street1: 118 Everson Hall	Division: Office of R	•		
1	Street2: University of	oi California		* 777 0 4 05040
City: Davis Country: USA	County: Yolo		* State: CA	*ZIP Code: 95616
Person to be contacted on matters involving this a	oolication			
Prefix: * First Name:	Middle N	ame;	* Last Name:	Suffix:
Dr. Hsin-Chia			Cheng	PhD
Phone Number: 530 752-9855	Fax Number: 53D 75	52-4717	Email: cheng@	gphysics.ucdavis.edu
6. * EMPLOYER IDENTIFICATION NUMBER (EII) 946036494	N) or (TIN);	7. * TYPE OF AP F: State-Contro	PLICANT billed Institution of Higher Edu	cation
6. TYPE OF APPLICATION: New		Other (Specify):		
O Resubmission O Renewal O Continual	llon O Revision	○ Women Owne	Small Business Orga ad OSO	enization Type cially and Economically Disadvantaged
If Revision, mark appropriate box(es).			DERAL AGENCY:	
○ A. Increase Award ○ B. Decrease Award	C. Increase Duration	Office of Scien		
O D. Decrease Duration O E. Other (spec/fy):		10. CATALOG O	F FEDERAL DOMESTIC AS	SISTANCE NUMBER:
* Is this application being submitted to other agence What other Agencies?	ies? ○ Yes ● No		cience Financial Assistance	Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PR				
Outstanding Junior Investigator Program: New Phy		tiers		
12. * AREAS AFFECTED BY PROJECT (cities, c Davis, California, Yolo County	ounties, states, etc.)			
13. PROPOSED PROJECT:		14. CONGRESSI	ONAL DISTRICTS OF:	
* Start Date * Ending Dat	e	a. * Applicant	b. *	Project
07/01/2006 06/30/2009		1	XIV	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIG				
Prefix: First Name:	Middle Ne	ame;	* Last Name:	Suffix:
Dr. Hsin-Chia			Cheng	PhD
Position/Title: Assistant Professor	_	•	e University of California	
Department: Department of Physics	Division: Callege of I			
" Street1: One Shields Avenue	Street2: University o	r California		
* City: Davis	County; Yolo		* State: CA	* ZIP Code: 95616
* Country: USA				

Fax Number: 530 752-4717

S



• Email: cheng@physics.ucdavls.edu

\* Phone Number: 530 752-9855

## SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

## Page 2

16. ESTIMATED PROJECT FUNDING	CESS?	N SUBJECT TO REVIEW BY STATE E.	
a. * Total Estimated Project Funding \$321,165.00	a. YES • THIS	PREAPPLICATION/APPLICATION WAS EXECUTIVE ORDER 12372 PROCES	SS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds \$321,165.00	DATE: 11/15/200		
c. * Estimated Program Income \$0.00	b. NO O PROC	BRAM IS NOT COVERED BY E.O. 1237	72; OR
	O PROC	BRAM HAS NOT BEEN SELECTED BY	STATE FOR REVIEW
18. By signing this application, I certify (1) to the state and accurate to the best of my knowledge. I also paward. I am aware that any false, fictitious, or frau Code, Title 18, Section 1001)  • agree  * The list of certifications and pasurances, or an internet site where you	provide the required assuran Idulent statements or claims	ces " and agree to comply with any re may subject me to criminal, civil, or a	sulting terms if I accept an
19. Authorized Representative		V V V V V V V V V V V V V V V V V V V	
Prefix: * First Name:	Middle Name;	* Last Name:	Suffix:
Mr. Mett		Nguyen	
•	rgenization Name: The Regent	s of the University of California	
	laion; Office of Research		
* Street1: 118 Everson Hall Str	eet2: University of California		
" City; Davis Cor	unty: Yolo	* State: CA	* ZIP Code: 95616
* Country: USA			
^ Phone Number: 530 754-7667 Fax	x Number: 530 752-5432	* Email: mannguyer	n@ucdavis.edu
* Signature of Authorized Represent	tative	* Date Signe	d
Matt Nguyen		11/15/2005	
20. Pre-application File Name: Mlme Type:		· · · · · · · · · · · · · · · · · · ·	

OMB Approval No. 0348-0043

APPLICATION FOR FEDE	RAL ASSISTANCE	2. Date Submitted		Applicant Identifier
1. Type of Submission:	nlication	3. Date Rec'd by State	3	State Application Identifier
Construction	plication Construction Nonconstruction	4. Date Ree'd by Fede	ral	Federal Identifict
X Nonconstruction  5. Applicant Information: Legal Name and Address: (give city, county, state, and zip c State Water Resour 1001 I Street, Sacra Sacramento, Califor  6. Employer Identification Numb  6. DUNS Number: 8083219  8. Type of Application: X New Revision II Revision, enter appropriate lette A. Increase Award B C. Increase Duration D Other (specify)	Nonconstruction  ode) ces Control Board mento County mia 95814  cer (EIN): 680281986	Organizational Unit: Office of Information Name and telephone of involving this applicat Skip Campbell (916) 341-5209  7. Type of Applicant: A. State B. County C. Municipal D. Township R. Interstate F. Intermunicipal G. Special District  9. Name of Federal A U. S. En	center appropriate II. Independ I. State Inst. J. Private U. K. Indian T. L. Individua M. Profit O. N. Other (sp.	c):  cletter)A dent School District itute of Higher Learning niversity ribe al rganization occify)
66.608 Title: Environmental Info Network Grant Pro	rmation Exchange	11. Descriptive Title	of Applicant's Proj	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		develop an easy-to-use with environmental da		et to associate locations nterest.
13. Proposed Project: Start Date E 7/1/2006	nd Date 6/30/2008	14. Congressional Dis	Project:	
15. ESTIMATED FUNDING:		16. Is the application		
a. Federal "In-Kind" b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$470,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0	b. NO: F	This application/proceed to the State EO I on: Date: Nove Program is not cov Program has not be state for review. Elinquent on any Fe	ered by EO # 12372 een selected by the
18. TO THE BEST OF MY KNOTRUE AND CORRECT, THE DO APPLICANT, AND THE APPLIC IS AWARDED.	OCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BO	DARD OF THE
a. Typed Name of Authorized Re Celeste Cantú	presentative	b. Title:	e Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Repre	RECEIV	Free D		c. Date Signed:

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Standard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

PPLICATION FOR EDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant day	Iner
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	
pplication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	er
Construction	Construction				
Non-Construction APPLICANT INFORMATION	Non-Construction				
gal Name:			Organizational Unit:		
The County of Son	nomâ		Transport	ation and	Public Works
rganizational DUNS: 1490	05390		Division: Roads		
ddress:	0000		Name and telephon	number of per	son to be contacted on matters
treet:			involving this applic	ation (give area	code)
2300 County Co	enter Dr., Sui	te B 100	Prefix: Mr	First Name: J	ohn
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